

## GENERAL CAUSATION

### **I. PRIMARY ISSUE**

- A. GENERAL CAUSATION ARGUMENT IS WEAK;  
CONVENTIONAL MEDICAL WISDOM DIRECTLY  
OPPOSITE**
- B. STATISTICAL EVIDENCE IS STRONG;  
RISK FACTOR ACKNOWLEDGED**
- C. NEGATIVE ANIMAL INHALATION STUDIES;  
NO KNOWN BIOLOGICAL MECHANISM**

### **II. ETS**

- A. GENERAL CAUSATION ARGUMENT IS STRONG**
- B. STATISTICAL EVIDENCE IS VEY WEAK;  
RISK FACTOR NOT CONCEDED**
- C. NEGATIVE INHALATION STUDIES AND LACK OF  
BIOLOGICAL MECHANISM**
- D. DOSE AND THRESHOLD ISSUES ARE  
INTUITIVELY HELPFUL - BIOLOGICAL  
PLAUSIBILITY**

2501188809

## SPECIFIC CAUSATION

### **I. PRIMARY ISSUE**

- A. MOST EFFECTIVE MEDICAL DEFENSE IN ACTIVE SMOKER CASES; ALTERNATIVE CAUSATION IS KEY ARGUMENT**
- B. FOCUS ON OCCUPATIONAL EXPOSURES, LIFESTYLE FACTORS, MEDICAL HISTORY, ENVIRONMENTAL EXPOSURES, ETC.**
- C. PROBLEM : OTHER RISK FACTORS RAISED AS ALTERNATIVE CAUSES DO NOT COMPARE WELL STATISTICALLY TO SMOKING**

### **II. ETS**

- A. EVEN STRONGER DEFENSE IN ETS CASES**
- B. RELATIVE RISKS FOR OTHER RISK FACTORS ASSOCIATED WITH LUNG CANCER AND CARDIOVASCULAR DISEASE WILL BE HIGHER THAN RELATIVE RISKS FOR ETS**

250118810

## ADDICTION

### **I. PRIMARY ISSUE**

- A. SMOKER CLAIMS PHYSICAL OR PSYCHOLOGICAL DEPENDENCE**
- B. ATTEMPT TO AVOID DEFENSES BASED ON FREE CHOICE AND FAULT OF THE SMOKER**

### **II. ETS**

- A. NO POSSIBLE ADDICTION CLAIM**
- B. ISSUE = TO THE EXTENT THE NONSMOKER WAS AWARE OF ALLEGED RISKS OF ETS  
WHAT WAS DONE TO AVOID THE RISK**

2501188812

## **AWARENESS**

### **I. PRIMARY ISSUE**

- A. STRONG GENERAL AND SPECIFIC AWARENESS ARGUMENTS**
- B. GENERAL - UNIVERSAL KNOWLEDGE OF THE RISKS OF SMOKING FROM NUMEROUS SOURCES**
- C. SPECIFIC - HEALTH WARNING LABELS, PERSONAL PHYSICIANS, ETC.**
- D. INFORMED FREE CHOICE OR VOLUNTARY ASPECT OF EXPOSURE SHIFTS RESPONSIBILITY TO SMOKER**

### **II. ETS**

- A. WEAK GENERAL AND SPECIFIC AWARENESS**
- B. ALLEGED ETS RISKS RELATIVELY NEW AND CONTROVERSIAL ISSUE; NONSMOKER CAN CLAIM NO DIRECT WARNING FROM PRODUC OR PHYSICIAN**
- C. INVOLUNTARY EXPOSURE OF INNOCENT VICTIM; LACK OF FREE CHOICE CONCERNING HISTORICAL EXPOSURE**
- D. ETS CLAIMS BY INVOLUNTARILY EXPOSED CHILDREN ARE PARTICULARLY SENSITIVE**

2501188811

## TYPES OF CLAIMS

### **I. PRIMARY ISSUE**

- A. LUNG CANCER, HEART DISEASE, EMPHYSEMA, LARYNGEAL CANCER, BUERGER'S DISEASE, ETC. ARE TRADITIONAL CLAIMS**
- B. AGGRAVATION / EXACERBATION OF ASTHMA, BRONCHITIS, ETC. ARE RARE; CHILDRENS' CLAIMS LIMITED TO FETAL INJURY**

### **II. ETS**

- A. NO SCIENTIFIC BASIS FOR EMPHYSEMA, LARYNGEAL CANCER OR BUERGER'S CLAIMS**
- B. LUNG CANCER, HEART DISEASE, CHILDRENS' RESPIRATORY DISEASE, AGGRAVATION / EXACERBATION CLAIMS ARE POSSIBLE**

2501188807

## CHALLENGE    DIAGNOSIS

### **I.        PRIMARY ISSUE**

- A.    STRONG PREJUDICE IN FAVOR OF "LOGICAL" OR  
      "MOST LIKELY" DIAGNOSIS AND CAUSATION**
- B.    EXAMPLE : SMOKING HISTORY + CANCER IN  
      LUNG = PRIMARY CANCER CAUSED BY  
      SMOKING ASSUMPTION**
- C.    MEDICAL RECORDS REFLECT BIAS;  
      INCOMPLETE WORK-UP IS COMMON**

### **II.       ETS**

- A.    LESS DIAGNOSTIC BIAS EXPECTED**
- B.    EXPECTATION : MORE RECEPTIVE TO  
      CONSIDERING OTHER POSSIBLE DIAGNOSES  
      AND CAUSES**
- C.    MEDICAL RECORDS MAY BE MORE  
      FAVORABLE**

2501188808